

FILED JUN 9 1941

STANDARD CERTIFICATE OF DEATH

State File No. 18208

Registration District No. 426

Primary Registration District No. 558

Registrar's No. 10

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Magnolia Chilhowee

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community: 50 yrs (Specify whether)

years, months or days

3. (a) PRINT FULL NAME: John Zollars Brothers

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Lettie Jane Brothers

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Apr 22 1848 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
93	20	19	hr. min.

9. Birthplace: Stark County Ohio (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: _____

12. Name: Peter Brothers

13. Birthplace: Natbun Ohio (City, town, or county) (State or foreign country)

14. Maiden name: Agnes Zollars

15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: George B. Graham

(b) Address: Magnolia Mo.

17. (a) Burial (b) Date thereof: May 13-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Holden Cemetery

18. (a) Signature of funeral director: _____

(b) Address: Holden Mo.

19. (a) 5/12/41 (b) O Llewob (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson

(c) City or town: Holden

(d) Street No.: Olive St.

(e) If foreign born, how long in U. S. A.: 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1941 hour 1:00 minute 7 P.M.

21. I hereby certify that I attended the deceased from May 10 1941, to May 12 1941; that I last saw him alive on May 11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia

Due to: Influenza

Other conditions: Debility

Major findings: Of operations: _____

Of autopsy: _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

(c) Where did injury occur?: _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury: _____

23. Signature: Edward Audrusse (M. D. or other) D

Address: Holden, Mo. Date signed: 5/18/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *M. Goodman*.....
Licensed Embalmer No..... *2424*.....
P. O. Address..... *Holden mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.